PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail

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Plant I	

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FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO APPLICATION NO. FILING DATE 05/04/2001 Charles L. Truwit !276.002US1 8843 09/849,791

TITLE OF INVENTION: METHOD AND APPARATUS FOR STORING GUIDE WIRES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Hoyes	\$1330 (TU65 SO	8+330 665	06/16/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS		
STINSON, FRANKIE L		1746		134-117000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 1. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys of agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney of agent) and the names of up to 2 registered paten attorneys or agents. If no name is listed, no name will be printed.		of a single attorney or 2	chwegman, Lundberg,

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

iSurgical, LLC

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent);

- ☐ individual ☐ corporation or other private group entity ☐ government

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

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